

Oklahoma District Attorneys Council
Incident Report for Workplace Violence or Threats of Violence
(Updated April 2023)

1. Contact Information of Person Filing the Complaint:

Name	
Address (City, State, Zip)	
Home/Work Phone #	
Email	

2. Contact information of victim(s) of alleged violence (if different than above):

Name	
Address (City, State, Zip)	
Home/Work Phone #	
Email	
Name	
Address (City, State, Zip)	
Home/Work Phone #	
Email	

3. Information for the person the complaint is being made against:

Name	
Agency/Organization	
Home/Work Phone # (if known)	
Email (if known)	

4. What will be the most convenient time and place to contact you about this complaint?

5. To your best recollection on what date(s) did the threat or violence take place?

6. Location of violence/threat? _____

7. Violence/Threat was from: Personal Confrontation Telephone Conversation
 Other (Briefly explain): _____

8. Explain as briefly and clearly as possible what happened, providing as many specific details as you can recall. For example, what abuse you witnessed, what violent act occurred to you, what injuries were sustained, was medical treatment needed? If the incident was a threat of violence, what were the exact words used? Was the perpetrator in a position to carry out the threat immediately? Also, attach any additional sheets as needed and any written material pertaining to your case.

9. Were there witnesses? Yes No If yes, how many? _____

Please provide information below:
WITNESSES (If additional witnesses, attach additional information sheet.)

Name	
Address (City, State, Zip)	
Home/Work Phone #	
Email	
Name	
Address (City, State, Zip)	
Home/Work Phone #	
Email	

10. Was law enforcement contacted? Yes No If yes, please list the name of the law enforcement agency and attach a copy of the police report if available. _____

11. What other information do you think is relevant to this situation? _____

12. If this complaint is resolved to your satisfaction, what remedies do you seek?

13. Do you have an attorney? Yes No

If yes, please provide the following contact information:

Attorney Name Address Email/Telephone #

14. Have you filed a case or complaint with any of the following?

- Civil Rights Division, U.S. Dept. of Justice
- U.S. Equal Employment Opportunity Commission
- Federal or State Court
- Civil Rights Enforcement Unit, Office of the Oklahoma Attorney General

15. If you selected an agency in question number 14, please provide the following information (if known):

Agency: _____

Date filed: _____

Case or docket number: _____

Date of trial or hearing: _____

Location of agency or court: _____

Name of investigator: _____

Status of case: _____

Comments: _____

Sign (Complaint NOT VALID unless Signed)

Name

Date

Please submit the form by fax, mail, or email to:

Kathryn B. Brewer

Executive Coordinator

Oklahoma District Attorneys Council

421 N.W. 13th Street, Suite 290

Oklahoma City, OK 73103

Email: Kathryn.Brewer@dac.state.ok.us

Phone: 405-264-5000 Fax: 405-264-5099